

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Floyd Memorial Hospital and Health ServiceCity: New Albany County: Floyd Year: **2003**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	11	303	2,952	\$12,682
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	134	7,198	26,923	\$2,779
Neonatal Intermed	0	0	0	\$0
Obstetrics	17	1,148	2,497	\$2,581
Pediatric	12	510	966	\$3,389

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	174	9,157	33,338	NA
Normal Newborn	17	813	1,823	NMF

II. Outpatient Visits			
Circulatory System	7,870	Digestive System	6,975
Endocrine System	16,851	Injuries and Poison	13,573
Mental Disorder	1,878	Musculoskeletal	17,735
Neoplasms	6,933	Nervous	4,265
Respiratory	7,943	Urinary	11,807
Other/Unknown	7,801	Total Visits	103,631
Number of Visits to Emergency Department			38,816
Percent of Emergency Department Visits of Total Visits			37.5%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
------	----------------	-------	----------------------	------	--------------

[Health Care Regulatory Services](#)

[2003 Hospital Services Main Page](#)